

Weekly Status Report – M&O

presented by Deloitte Consulting



Client Name:	DHS Children's Medical Services	Period:	Oct 2nd – Oct 15th, 2005
Project Name:	CMS Net E47 Enhancements, Maintenance and Operations Services	Date:	Oct 17th, 2005
Project Manager:	Paresh Shah	Contract Number:	02-26246
Distribution:	Bill White, Julie Rundall, Manish Jain		

1. Status of Project Progress

For week ending 10/15/05:

- 3 IR's were identified for CMS Net Web and 9 IR's for CMS Net Legacy during the reporting period. 2 IR's were implemented as data repairs.
- October Change cycle is scheduled for Nov 5th, 2005.
- Currently working on enhancements identified after the implementing the MEDS Recon (SMCR 28). Also working on changing the Quarterly management reports. Future MEDS recon has been put on hold pending implementation of the Report fixes.
- Working with ITSD to upgrade Websphere to version 6.0. This will also facilitate report development across the application in Crystal Reports which is packaged with the new release.
- Working on integrating the development environment for CMS and the LA Development. Integration is scheduled to be complete by week ending 10/21/05.
- The following IR's have been tentatively identified for the October Release and is subject to change.

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
160 DR	10/28/04	IR: 8973 By: Shiela Zarate Ph: (925) 313-6943 Pt: Dashawn Evans CCS: 3765227 Received message "Request cannot be authorized because the provider status is not active" for SAR 97000298650. Provider Status for the provider is Indirect effective 4/17/04.	1	Dev			Oct

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 227	1/13/05	In the Pending Eligibility screen (CMSPE-20), if a child is marked as refused to apply for MC they are automatically marked as Ineligible. This child is MTP services only and is automatically eligible. How do we make this child eligible but refused to apply for Medi-Cal? Solution per Dr. Dalsey: Create a new value in the Reason NOT Referred to M/C table: MTP only	1	Dev		JH	Oct
IR 315	38463	CR - 466: Add the ability to search for a patient record by Primary Addressee (add function to the bottom of the Patient ID screen). Income verification documentation and checks for E & A fees are received from the Primary Addressee but do not reference the patient name.		Dev	38626	John	Oct
IR 383	38572	Steve Gans from ITSD contacted me and requested that CMS verify how CATS transactions to retrieve MEDS eligibility are being transmitted from CMS Net. ITSD believes that CMS sends HSC30175G along with the CATS transaction request to verify eligibility. If CMS Net uses this ID, we may need to change the ID transmitted with the CATS transaction to an ID assigned to CCS. I requested that John research how CMS Net sends CATS transactions and verify if this ID is used. Please notify CMS CM if the hours will exceed 20 hours.		New		JH	OCT?
IR 404	9/7/05	Print the name of the Primary Care Provider (Medical Home) from the Face Sheet on the SAR template. This is for any SAR printed from the print button, print tab or print SAR reports.	2	Dev			OCT
IR 415	9/22/05	CR200509-515 Per Yvonne Robinson Remove modifiers Y1, Y2, Y6 and Y7 from service code modifier list. This change should be implemented to coincide with Medi-Cal revisions per Allied Health Bulletin 359 (attached). Changes will be effective November 1st, 2005. The use of modifiers is terminated by Medi-Cal in compliance with HIPAA. SAR authorizations provided for hearing aid products and services can be coded correctly without potential for error.		Dev			Oct
IR 417	9/23/05	C200509-14974 Modify the current PRINT Authorization, Cancellation, and Denial Report and Daily Activity Report to allow user to indicate the begin and end date. Allow them to select a length of time no more than 15 months. Also allow them to select by COUNTY, STATUS (pending, active, denied, and cancelled), and PROVIDER NUMBER.		Dev			OCT

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 423 DR	9/30/05	C200509-14981 The delay reason code "1" displays on every claim generated and sent for processing. Displays without user intervention. 09/27/2005: Tested and passed in CMSAT. Jr					OCT
IR 424	9/30/05	C200509-14980 When clicking on the desired Medical Supply Group, items contained in the grouping are displayed with our descriptors, with options available for changing quantity, or just defaulting to the suggested quantity/ time period. However, once the item is selected by the user populates the SAR, the corresponding Medi-Cal code and descriptor are displayed, rather than the specific CCS descriptor that was originally selected. Please display the CMS Description instead of the Service Description on the SAR and any other correspondences if applicable.		Dev			OCT
IR 434 DR	10/6/05	C200510-14985 When MEDS Recon populates MC number, it is using the last valid 14 digit number, whether or not it is terminated. >MC numbers messing up report counts and show up on SAR even though the client no longer has Medi-Cal coverage. (UAT SAR 97002472280) >Cannot save historical MEDS Inquiry. Can only save current MEDS Inquiry to file. >Quarterly Caseload Count Report not working. (The report is not available for this county for this date.) >POST 10/6/05 Recon- Medi-Cal number associated with eligibility with 999 status showing on MC Coverage screen. >POST 10/6/05 Recon- Narratives populating for cases with no changes. Tested in Dev and UAT before 10/1 change cycle and this was not occurring. SMCR 28 was included in the 22 release for the September change cycle. These are issues post release. 10/6 BW- RE: Cannot save historical MEDS Inquiry- MEDS Inquiries for dates in the past were never saved to history. They were saved to the Medi-Cal coverage screen. Enabling save would allow users to overwrite the most up-to-date information (monthly MEDS Recon). Current functionality allows users to view, not save old MEDS Inquiry information. Keep current functionality as is. 10/12 BW- Recon ran again this morning. MC#	1	New			OCT

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
		business rules correct. Only issue is case 2526012; Narrative lists the following: "Special 1 Medi-Cal Aid Code: Special 1 Medi-Cal Eligibility Code: Special 2 Medi-Cal Aid Code: 9H Special 2 Medi-Cal Eligibility Code: 691" In the Medi-Cal Coverage screen, 9H and 691 appear on SP1, not SP2.					

2. Work Planned but not Accomplished

None

3. Work Completed but not Planned

None

4. Objectives for Next Week (w/e 10/22/05)

The project team will continue to make progress in the following areas next week and into the near future:

- Work on integration of the LA and CMS Net development environments.
- Work on WO 13.
- Work on the portal, scheduled for implementation in the October change cycle.
- Work on IR's identified for October Release.
- Work on the Orange County conversion.

5. Batch Monitoring

The table below identifies the batch transactions that failed during last week, the short-term resolution and the permanent resolution to mitigate the failure.

No	Date Identified	Transaction	Issue	Short Term Resolution	Date Completed	Long Term Resolution	Date Completed

6. Problems Encountered and/or Issues to Track

None

7.0 Maintenance & Operations Activities

System Maintenance Change Requests

SMCR Request #	Date Issued	Description	Status	Date Completed
1	7/8/03	Transaction Tracking	Reviewing requested functionality in conjunction with new web-based functionality to be added as part of	

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SMCR Request #	Date Issued	Description	Status	Date Completed
			Enhancements #2 and #3	
17	03/22/04	GHPP Eligibility		
25	12/21/04	Follow Up Module	12/21/04 – Received SMCR 01/03/05 – Under Review	
26	12/14/04	New HF Aid Code	12/14/04 – Received SMCR 01/03/05 – Under Review 03/24/05 – Provided Estimates 04/05/05 – SMCR on Hold	
30	02/01/05	SAR Cancellation	02/01/05 – Received SMCR	
32	02/28/05	Ticklers	02/28/05 – Received SMCR 03/15/05 – On Hold pending re-evaluation of requirements.	
34	03/30/05	Web Based Correspondence, Ticklers, Narratives	03/30/05 – Received SMCR 04/04/05 – Under Review	

Work Requests

Work Request #	Date Issued	Description	Status	Date Completed
9	5/5/04	Web Server Monitoring	5/10/04 – provided estimates 5/13/04 – estimates approved 7/26/04 – Amended WR to include revised monitoring activities 7/27/2004 – estimates approved	
12	11/22/04	Provide system overview for LA developers	11/29/04 – provided estimates 12/01/04 – estimates approved	
13	12/03/04	Panel Status	12/03/04 – Request Received 01/18/05 – Provide Estimates 02/01/05 – Approved Estimate	
14	01/12/05	Foreign Languages	01/12/05 – Request Received 01/12/05- Under Review	
16	02/02/05	Ad Hoc Consulting	02/02/05 – WO Received	
17	02/03/05	PTR Data Transfer	02/03/05 – WO Received	
19	05/31/05	Technology Refresh Review	08/02/05 – Review WSAD refresh	

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County Data Conversion Requests

Conversion Request #	Date Issued	Description	Status	Date Completed
CDCR-03	7/12/04	Orange County Conversion	08/20/04 – On hold pending implementation of system modifications requested by Orange County that need to be implemented prior to conversion. 01/10/05- In development. Currently working with Orange county in analyzing data.	
CDCR-04	2/04/05	Sacramento County Conversion	02/04/05 – Received Request	

Incident Reports

Following is the IR listing. For a list of IR's scheduled for implementation on any given change cycle, please refer to the IR listing on Page 1 of the status report.

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
1552	9/22/03	GHPP Zip Code Update	3				
1814	10/2/03	Allow user to select vendor name/address from vendor table in C-17A letter	3				
2065	10/20/03	Assessment fee field to be made optional	4				
2069	10/20/03	Cursor to start at Assess Fee field on Enrollment/Assessment Fees screen	4				
2842	12/4/03	Age 21 Report does not recognize leap year	3	Open			
5156	4/2/04	When accessing a historical eligibility period from Display Eligibility Log you receive the following message for Insurance Coverage History, HF Coverage History and Medi-Cal Coverage History: Sorry, option not yet available. Press enter to return to Eligibility menu. (?) Press Enter	3	Assigned		JH	
IR 61	7/27/04	Filter all inactive users from the user pick-lists. The authorized by, denied by and canceled by fields.	2	New			

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IR #	Date Issued	Description	PrtY	Status	Date Closed	Developer	Build
IR 95	8/20/04	<p>IR: 7669 By: Kendra Davis Ph: (805) 781-4119</p> <p>Kendra Davis has User Management Security and tried to give herself SAR Override and received the following message: "You cannot choose Regional Office Admin Role, State Administrator Role, User Management Role" She also tried to give Lynn Mccruden SAR Override and received the same message - Lynn has User Management security as well.</p> <p>*****</p> <p>8/17/04 - I added SAR Override to Kendra and Lynn, but am reporting this as the user shouldn't be restricted from granting SAR Override to themselves or other user's who have User Management security. (rw)</p>	2	NEW			
145	10/7/04	<p>IR 8598 By: Charlotte Hill Ph: (909) 387-8405</p> <p>CCS#: 3282904 Name: WHITE,CHRISTEAN</p> <p>This case was set in a "Transfer/Active" status on 8/19/04 to Riverside County. The 1st Transfer Letter was generated on 8/19/04 and the 2nd Transfer Letter was generated on 9/9/04. On 9/15/04 there was an aid code change from a 9K to a 9N (still in San Bernardino County), which modified the case status back to "Active". Charlotte went to generate the 3rd Transfer Letter today and all of the transfer letter history has been cleared from the screen.</p> <p>*****</p> <p>10/7/04 - I was able to replicate this in CDEV using the same case information. A fix needs to be installed that will allow a case to change aid codes in the transfer process without deleting the pending transfer letter history - perhaps we can include the status "Transfer/Active" as a choice when you are performing an aid code change if the case was in "Transfer/Active" at the time of closure making sure we retain the letter history.</p> <p>The user needed to generate her 3rd letter, so I suggested that she change the status back to Transfer/Active and generate the series of letters today so she could complete her process - therefore, the case will appear in Transfer/Active status today in production. (rw)</p>	2	New		JH	

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
152	10/21/04	Make modifications to three existing EPSDT-SS reports: 1) SARs with EPSDT-SS indicator 2) Services Request Requiring State Approval 3) Service Request Approval Status Will be adding fields, changing sort order and search parameters. Please see Traci for details.	3	On Hold pending clarifications from Traci and the EPSDT coordinators.			
160 DR	10/28/04	IR: 8973 By: Shiela Zarate Ph: (925) 313-6943 Pt: Dashawn Evans CCS: 3765227 Received message "Request cannot be authorized because the provider status is not active" for SAR 97000298650. Provider Status for the provider is Indirect effective 4/17/04.	1	Dev			Oct
IR 205	12/22/04	Auto-populate the narratives for the CCS-72 and MC 2134 letters with the "free text" entry information entered in the letter.	2	New			
IR 207	12/22/04	Add the "Free Text" fields from the Medical Report Request letters C-13, C-13A and C-14 to the auto-narrative.	2	New			
IR 227	1/13/05	In the Pending Eligibility screen (CMSPE-20), if a child is marked as refused to apply for MC they are automatically marked as Ineligible. This child is MTP services only and is automatically eligible. How do we make this child eligible but refused to apply for Medi-Cal? Solution per Dr. Dalsey: Create a new value in the Reason NOT Referred to M/C table: MTP only	1	Dev		JH	Oct
IR 231		The Out-of-County flag functionality is not working correctly. The user is locked out of legibility if a zip code 99999 is entered without the option to remove the 99999 zip code and make the case accessible. In order to remove the Out-of-County flag a data repair is required by the developers. A change is required to allow a user to set a Out-Of-County indicator (99999 zip code) but also remove it. Listed below is the originally submitted request, please revise the functionality to incorporate these changes and reduce the amount of data repairs required. See IR for Details.	2	New		JH	

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 239	1/27/05	<p>Make correction to the CMSCO-30 Print Correspondence Screen. The system prompts for:</p> <p>Enter the number of English copies to be printed now: _____</p> <p>Spanish Copies: _____</p> <p>Irregardless of the number of copies the user enters, the system still prints a different number. In this example, the user entered 0 in both fields and CMS Net printed 3 copies.</p> <p>Example: Letter# 2004-497085 for CCS#T295622</p>		NEW	1/27/05	JH	
IR 246	1/31/05	<p>Please see me before working on this IR. Thank you.</p> <p>This IR is to assist the 3 counties that are participating on the COHS project. Option Care and Chartwell have contracts with Partnership Health Plan and expect SAR with specific procedure codes. This created the need to be able to authorize service codes that are not payable at EDS, but are payable by Partnership Health Plan.</p> <p>To accommodate this request, CMS Net needs to create a relationship between select procedure codes and a provider type that currently do not appear in the 0581 table (COS to Procedure Code).</p> <p>See IR for more Details</p>	1	New			

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 262	2/14/05	<p>This IR needs to be implemented at the same time as OIL 034-05 at EDS.</p> <p>Add new business rules for the PMF and Authorize SAR:</p> <ol style="list-style-type: none"> 1) Accept new Status codes on the EDS Provider Master File Extract of '0' and '9' 2) Display the values for '0' as 'Non-Billing Provider' and '9' as 'Temporary Suspension' 3) Prohibit Authorization of a SAR for a provider with status of '9' based upon the status effective date and SAR Service Dates comparison. 4) Allow Authorization of a SAR for a provider with status of '0' based upon the status effective date and SAR Service Dates comparison for client's with a legal county of Sacramento (34), San Diego (37), Monterey (27), Santa Cruz (44), San Mateo (41), Santa Barbara (42), Solano (48), Orange (30), Napa (28) and Yolo (57) [Medi-Cal Managed Care Plan Counties] 		New			
IR 264	2/15/05	<p>Sharma Wilson Monterey CCS Reports:</p> <p>User reports that the same SAR, 97000363250 prints two different patients. The correct patient is Alexandro Lopez #3779953, but she also faxed a hard copy with the same SAR# for Lisa Karr #3749143.</p>		New			
IR 284	3/10/05	<p>Modify CMS Net "amount" entry rules as follows:</p> <p>If the user has the security role to enter "amount" (SYS ADMIN, EPSDT-SS):</p> <ol style="list-style-type: none"> 1) All procedure codes on the SAR must have an "amount" ' or 2) No procedure codes on the SAR will have an "amount" 3) If the user enters an "amount" on a service code line, and other service code lines do not have an "amount" display a message "When entering an amount (negotiated pricing) all procedure codes must include a price. You must enter a second SAR to cover procedures that do not have a negotiated price." 		New			
IR 290	3/17/05	<p>The MEDS/HAP file is failing to FTP to ITSD on a recurring basis. Most recently failed for the following dates:</p> <p>2/28, 3/1, 3/9, 3/15, 3/16</p>	1	New			

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 297	3/30/05	Add the ability to send a mailbox message after completing an action (authorize, cancel, deny, modify etc.)	2	New			
IR 315	38463	CR - 466: Add the ability to search for a patient record by Primary Addressee (add function to the bottom of the Patient ID screen). Income verification documentation and checks for E & A fees are received from the Primary Addressee but do not reference the patient name.		Dev	38626	John	Oct
IR 316	4/21/05	CR - 471: Modify the Service Begin Date, End Date and Request Date so that dates can be entered in the fields manually or by selecting from a calendar drop down (rather than a drop down list only).		Dev	10/1/05		Nov?
IR 319	5/2/05	IR: 12632 By: Karen Hidey Ph: (530) 623-8210 Screen: Patient Registration Face Sheet (CMSFS-10) Field: Mo SSN Enter Mother's DOB and Mother's SSN as follows: When you enter a SSN in the MO SSN field (without the dashes) you receive the message, "Do you also want to use this SSN here? NO// " If you accept the default answer of "NO" you receive the following message, " Enter mother's social security number in the format 999-99-9999 or 999999999." If you go back and enter the dashes (even though you don't want the SSN) you receive the same message and are in a loop until you delete the SSN. If you modify and select "Y", the message stays on the screen and removes the dashes from the SSN. If you save the SSN is saved to the screen without dashes. Where did this message come from and what is the meaning? If you enter only the SSN as described above (without entering the Mother's DOB) the message is not displayed and the SSN is saved as entered.		New			

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 320	5/2/05	<p>IR: 12665 By: Joy Robertson Ph: (530) 886-3665</p> <p>Pt: Michael Moreau CCS: T324070</p> <p>Healthy Family application letter #1 was generated on 3/17/05 for patient T324070. When Joy went into the application screen to generate the second letter for the patient she found all the information regarding the application type, application status and the application cycle blank. The last update by and last update date has the user name and date on the screen.</p> <p>03/17/2005 ENTERED BY: NEVES, KATHY (PLACER) SUBJ: APPLICATION STATUS 1ST LETTER SENT APPLICATION STATUS: 1ST LETTER SENT STATUS DATE: 03/17/2005 CORRESP #: 2005-142158 LETTER TYPE: C-36HF</p>	1	New			

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 321	5/3/05	<p>IR: 12708 By: Pam Richmond Ph: (831) 763-8812</p> <p>User is generating Interview Pending letters (type: Medi-Cal) from the Pending Eligibility screen and selecting "Medi-Cal (Full Scope/No SOC) when prompted by the following and saving the Pending Elig screen:</p> <p>Filing eligibility period for patient... Please indicate any known coverage as follows:</p> <p>(?) Neither Medi-Cal (Full-Scope/No SOC) nor Healthy Families () Medi-Cal (Full-Scope/No SOC) () Healthy Families () Both Medi-Cal (Full-Scope/No SOC) and Healthy Families</p> <p>The PEND tickler is not being cleared once the PSA is received. After researching and recreating the issue in the training environment, it was determined that the tickler is cleared if the Residential and Financial Worksheet screens are "manually Saved". Because the user will not be updating the Res and Fin screens based on active M/C coverage, the system needs to be modified to clear the PEND tickler once the PSA status is updated with "Signed" or "Not Required" on the Program Eligibility screen. The same logic should apply if selecting "Healthy Families" or "Both Medi-Cal (Full-Scope/No SOC) and Healthy Families" as known coverage when saving the Pending Eligibility screen.</p>	1	New			
IR 324	5/5/05	Make the Search MEDS function required so that the user will not be able to issue a SAR without first performing a MEDS search. Exclude the requirement when selecting the option to "Add SAR for same client".	2	CLOSED Per Bill, this is no longer required as MEDS Recon will take care of this req.	10/13/05		OCT

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 341	6/9/05	<p>CCS#: T326949 Name: Hugo Plascencia</p> <p>User attempted to generate a NOA from Correspondence in CMS Net Legacy. On the Carbon Copy screen she selected "Healthy Families Plan" from the pick list to populate the "Send Carbon Copy To" field. When she attempts to retrieve the pick-list from the "Carbon Copy Sent To" field she is not presented with the pick-list, rather, she is presented with the following message, "Enter the Carbon Copy recipients name and select from the pick-list if one appears. Make no selection from the pick-list to keep your free text entry." This message appears when she uses her F1 key and if she tries to bypass the field she receives the following message, "Mandatory Carbon Copy Sent To:" If she types "HF" or "HF Blue Cross" in the field to try and pull up the HF pick-list she receives the following message, "Healthy Families Plan not found or selected."</p> <p>Per the User Manual and design, if the user chooses "Healthy Families Plan" in the Send Carbon Copy To field they shall be presented the HF pick-list to choose from.</p> <p>*****</p> <p>6/9/05: Replicated in Training and suggested user make photocopies of the NOA for now to send to the HF plan. (rw)</p>	1	New			
IR 343	6/15/05	<p>Please provide an estimate for the following feature:</p> <p>Add an option before roll and scroll takes the user to "Treatment Plan:" (free text entry) when entering and modifying GHPP authorization requests that allows the user to choose system-generated text to populate in the free text area.</p> <p>Example of an option: "If you have a Service Code Grouping (SCG) authorization, please check your Medi-Cal manual for services included in the SCG."</p> <p>The user will then be able to enter free text below the inserted text.</p> <p>*****</p> <p>REQUEST FOR ESTIMATE ONLY.</p>	1	New			

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IR 346	6/23/05	The following PMF record was not updated on CMS NET WEB: Provider ID: 00A813200 Provider: HOWELL, TIFFANY ANN MD. This Provider Update was added by DHS Provider Enrollment on 1/27/2005, but the PMF file was never sent to CMS. 6/22/05: Discussed with Manish - he will contact ITSD for back-up file or EDS to obtain info from 1/27/05 PMF updates.	1	New			
IR 356		SAR# 97001247450 is printing terminated Medi-Cal Managed Care plan information for Client CCS# 3765777. Blue Cross of San Diego was terminated effective 5/31/05, Kaiser is the current plan. Only Kaiser should be displaying. The user entered the termination date on 6/30/05 and also modified the SAR on 6/30/05. The SAR was originally issued on 4/25/05 when the Blue Cross coverage was active but the system should have updated the insurance coverage when the SAR was modified on 6/30/05.	1	New			
IR 360	7/11/05	Replaces IR 35 opened 7/26/04. Modify the logic of how CMS Net Web reads data from the 4201 table from EDS. The problem relates to procedure codes 0000A through 9899A.	1	New			
IR 361	7/11/05	Need to create an alert to notify the System Administrator that the available CCS numbers are about to run out. The numbers added to the system in November 2004 are: CCS #s: 3779301 - 3879300	1	New			
IR 366	7/12/05	Letter C-72 ,2005-380617 Letter in the SAR system is different from the print letter generated out of the CMS Net system. The Denial Letter generated from CMS Net is missing the 01 Service Code and the order of the Service Codes are different. Also the sentence Service Begin Date: to Serice End Date is missing. There is also a extra service on the CMS Net letter : 1 inpatient days.	1	New			

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IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 367	7/13/05	Currently a user must have override security to authorize or extend the service period on a SAR for more than 365 days. Need to remove the restriction in the SAR system that limits a SAR from being authorized or service dates extended for more than 365 days.	1	New			
IR 369	7/14/05	Add a field to the Patient Registration Face Sheet - CMSFS40. Next to the MTU Name field. The field name will be: MTP Status. The data will populate from file 6,37015. The allowable values are: Pending, Open, Closed, Not Eligible, Not opened. Field Length is a minimum of:12 Maximum of: 15 This will be a display only field.		New			Nov?
IR 370	7/14/05	<p>Pt: Amanda Mercer CCS: 2455262</p> <p>User performed a MEDS Inquiry and saved the managed care information from the Medi-Cal Coverage Results screen (CMSELIG-20) to the Medi-Cal Coverage screen (CMSELIG-40) in CMS Net. The Contra Costa Health Plan shows a status of "09-MANDATORY DISENROLLMENT - NO CAPITATION PAID" on the Medi-Cal Coverage Results screen as well as in MEDS. However, this status was not updated when the user saved the Medi-Cal Coverage Results to CMS Net.</p> <p>MEDI-CAL COVERAGE RESULTS SCREEN (MEDS INQUIRY): MGD Name: 301 CONTRA COSTA HEALTH PLAN Status: 09 MANDATORY DISENROLLMENT - NO CAPITATION PAID</p> <p>MEDI-CAL COVERAGE SCREEN (CMS NET): (Termination date entered by user)</p> <p>MGD Name: 301 CONTRA COSTA HEALTH PLAN Termination: 05/01/2005 Status: ACTIVE ENROLLMENT - CAPITATION PAID DOS: 07/14/2005 Plan Type: PHP Services Covered: NONCOMP</p> <p>Need to have the current MGD "Status" updated when saving the Medi-Cal Coverage Results from the MEDS Inquiry.</p>	1	New			

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IR 375	7/22/05	<p>CCS: 3330668 Pt: Rylee Russell</p> <p>User was trying to print narratives for the referenced client record for specific case workers. After the case workers were selected, the user tried to print the narratives but received "No records to print".</p> <p>*****</p> <p>7/22/05: User needs to print narratives for all case workers except McLaughlin, Palmer, Fantocone and System Admin for the timeframe of 10/26/01 - current.</p> <ul style="list-style-type: none"> - Attempted to print narratives as specified using the "Print" option from the Action Menu. Received same results: "No records to Print". - Attempted to print narratives by selecting "View/Print" from the Action Menu. Once the results were displayed on the screen, selected the "Print" option at the bottom of the page and was able to print the narratives by selected users. Need to make correction to the system so that the "Print" function on the action menu will print the selected search criteria for the narratives. 	3	New			
IR 377	7/28/05	<p>Modify CMS Net system to accept and use new Dental Procedure Codes (CDT-4) from Delta Dental. The new codes are 5 in length (1 character + 4 digits). The old 3 digit codes will be discontinued.</p> <p>Need to coordinate with Delta to receive a test file. Implementation at Delta is set for November 1, 2005 so this needs to be implemented in CMS Net on or near this date.</p>	1				DEC?
IR 383	38572	<p>Steve Gans from ITSD contacted me and requested that CMS verify how CATS transactions to retrieve MEDS eligibility are being transmitted from CMS Net. ITSD believes that CMS sends HSC30175G along with the CATS transaction request to verify eligibility. If CMS Net uses this ID, we may need to change the ID transmitted with the CATS transaction to an ID assigned to CCS. I requested that John research how CMS Net sends CATS transactions and verify if this ID is used. Please notify CMS CM if the hours will exceed 20 hours.</p>		New		JH	OCT?

Weekly Status Report – M&O

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 384	8/8/05	<p>GHPP clients do not have an aid code assigned to them from the CMS Net system nor do they have an aid code in the HAP segment of MEDS. With implementation of Medicare Part D coverage, identifying GHPP clients in MEDS is now more critical in order to maximize use of FFP for drugs. As Part of E47, EDS made the system changes and Medi-Cal eligibility assigned GHPP codes. The following transactions need to be considered: GZ20- Add, GZ12 - Update; GZ10- SSN; HI39 - Insurance; HI40- TPL ; HAP - Eligibility- Aid Code.</p> <p>*****</p> <p>8/5/05-Under this IR, Bill White asked that Deloitte research the time/dollars involved in : 1- generating GZ transactions from CMS Net to update MED/HAP with GHPP aid codes and 2-generating HR transactions for OHC</p>	1	New		JH	
IR 385	8/11/05	<p>NON-BILLABLE:</p> <p>IR opened to track activity for SMCR-28 - MEDS Recon scheduled for implementation in August Change Cycle.</p>					
IR 388	8/18/05	User receives program error when she selects Event Tracking, Send Correspondence. See IR for more detail.		New			
IR 389	8/22/05	<p>Transferred from IR 274: (Closed IR 274 as items 2-4 have been completed. Opened new IR to address the one remaining outstanding issue as follows): Concurrently when EDS implements Operating Instruction Letters (OIL) OIL 045-05, 068-05, and 047-05, implement the following modifications to CMS Net: 1) Deactivate the modifiers Y1, Y6, Y7, Y2 (OIL 068-05 Hearing Aids & Accessories). Also eliminate them from the help messages.</p> <p>*****</p> <p>8/22/05: Traci is awaiting an implementation date from EDS.</p>		New			

Weekly Status Report – M&O

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 390	8/22/05	Need to add new field "CMS End Date" to the "Drugs that require specific authorization table". 1) The field must be updatable by the system administrator using the Administration tab 2) Filter all CMS End Dated drugs from the drug selection list 3) Do not allow SARs with CMS End Dated drugs to be authorized or modified, only cancelled or denied.	2	New			
IR 391	8/22/05	IR: 14601 Modify the referenced PIP report to sort by Legal County. Display legal county on report and then sort Alphabetically by Client Name. CCS Tracking List for Healthy Families Program	1	New			
IR 392	8/22/05	IR: 14613 When entering an exact DX code and clicking on the Find button the exact match comes up but so do a lot of unrelated codes. These same codes are displayed in the results when searching for any complete DX code (not in partial search). Need to modify the results so that only the exact match is displayed. Entered DX 343.2. Code Description 343.2 QUADRIPLGIC INFANTILE CEREBRAL PALSY 764.10 "LIGHT-FOR-DATES" WITH SIGNS OF FETAL MALNUTRITION, UNSPECIFIED 764.11 "LIGHT-FOR-DATES" WITH SIGNS OF FETAL MALNUTRITION, LESS THAN 500 764.12 "LIGHT-FOR-DATES" WITH SIGNS OF FETAL MALNUTRITION, 500-749 GRAMS See IR for more results	2	New			
IR 396	9/2/05	Pt: Mario Jose Lemus CCS: 3749713 Medi-Cal coverage screen in CMS Net is displaying a Termination Reason of Pri-T Reas: 1762 dated 3/31/05. 1762 is not a valid termination reason. The Termination Reason code in MEDS is 62. Need to determine where the Pri-T Reason: 1762 is being populating from. See IR for more details.	1	New		JH	

Weekly Status Report – M&O

IR #	Date Issued	Description	PrtY	Status	Date Closed	Developer	Build
IR 397	9/7/05	CR-145 When entering an End Date on the Program Eligibility screen, prompt user with warning message if program end date is greater than one year from Program Begin date.	3	New			
IR 398	9/7/05	Add the SAR # to the NOA letter to minimize confusion if client has multiple SARs. Add the field for SAR # at the end of the patient information (after CO: County Name) as follows: See IR for more details.	3	New			
IR 399	9/7/05	CR-454 Add the ability to Edit or Cancel the denial letters (C-72) and NOA's that are generated from the SAR system via the Correspondence function in CMS Net legacy.	2	New			
IR 400	9/7/05	CR-498 Add the ability to enter the search criteria and press the "Enter" key rather than the "Search" button to retrieve search results.	2	New			
IR 401	9/7/05	CR-502 Add a button for "View SAR" on all screens that currently contain the "Add SAR for Same Client" button.	2	New			
IR 402	9/7/05	CR-492 Add client information and SAR # to subsequent pages of the printed SAR form when there is more than one page.		New			
IR 404	9/7/05	Print the name of the Primary Care Provider (Medical Home) from the Face Sheet on the SAR template. This is for any SAR printed from the print button, print tab or print SAR reports.	2	Dev			OCT
IR 405	9/7/05	Add the following fields to the Patient Registration Face Sheet: (Need to add to the screen and the print face sheet template) See IR for more details.	2	New			Nov?
IR 407	9/13/05	CR- 511 Date Requested: 09/08/05 Per Charolette Triggs request. Add the ability to generate the CS-72 denial letter from the correspondence module as well. Will be added as part of the SMCR 34 - Web Based Correspondence module.		CLOSED PART OF SMCR 34	9/13/05		
IR 408	9/13/05	IR 14934 CR- 512 Add Alias/Aka information from CMS Net to Client's SAR.		New			

Weekly Status Report – M&O

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 410	9/13/05	There are closed cases showing up on the Annual Review Tickler. All of the closed cases are because Residence Established in another county. These cases should not show up in the Ann report if the case is closed.	2	New			
IR 411	9/20/05	CR 200509-513 C200509-14967 On the CMS Net Bulletin Message screen the greeting and mail alert show after all other information text has been added. Change the alert and greeting to display the beginning of the bulletin verse the bottom. Attachments included. Requested by: Beth Stephens - Humboldt County		New			
IR 412	9/20/05	CR - 514 C200509-14969 Add Co Case Mgr and Language to the Pending Elig Ltr tickler. Requested by: Joanne Agamao - Monterey County		New			
IR 413	9/21/05	IR: 14971 Include the CIN number in the PTR record layout and remove the SSN and Psuedo SSN.		New			
IR 414	9/21/05	IR: C200509-14968 ccs # 3741385 ccs # 2435177 phone # is showing up in medical home field but when the face sheet is printed, the field is blank		New			
IR 415	9/22/05	CR200509-515 Per Yvonne Robinson Remove modifiers Y1, Y2, Y6 and Y7 from service code modifier list. This change should be implmented to coincide with Medi-Cal revisions per Allied Heath Bulletin 359 (attached). Changes will be effective November 1st, 2005. The use of modifiers is be terminated by Medi-Cal in compliance with HIPAA. SAR authorizations provided for hearing aid products and services can be coded correctly without potential for error.		Dev			Oct
IR 416	9/23/05	C200509-14962 Two different children with the same ccs # ccs # 3796100 martinez,britney--DOB 12/25/01 fresno co. agredano,carolina--11/5/05 contra costa co.		CLOSED			Oct

Weekly Status Report – M&O

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 417	9/23/05	C200509-14974 Modify the current PRINT Authorization, Cancellation, and Denial Report and Daily Activity Report to allow user to indicate the begin and end date. Allow them to select a length of time no more than 15 months. Also allow them to select by COUNTY, STATUS (pending, active, denied, and cancelled), and PROVIDER NUMBER.		Dev			OCT
IR 419	9/23/05	C200509-14976 CMS Net users are selecting Diagnostic as treatment source for cases that are covered by Healthy Family.lw Prevent users selecting Diagnostic as Treatment Source when a client is covered by Healthy Family and the plan does not have a termination date. If the client's HF plan is active during the effective dates do not allow the users to select Diagnostic. If the termination date for the plan is after the effective date of the SAR, please allow the users to select HF. Please see LaVorra Whitaker if there are any questions.	3	New			
IR 420	9/28/05	CR C200509-517 C200509-14977 Either add "special instructions box" to denied SARS page so that when "other" reason for denial is used we can define what "other" means. Example: Medical reports not recvd. This will provide more clarification especially for PIP users.	2	New			
IR 423 DR	9/30/05	C200509-14981 The delay reason code "1" displays on every claims generated and sent for processing. Displays without user intervention. 09/27/2005: Tested and passed in CMSAT. Jr					OCT

Weekly Status Report – M&O

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 424	9/30/05	<p>C200509-14980</p> <p>When clicking on the desired Medical Supply Group, items contained in the grouping are displayed with our descriptors, with options available for changing quantity, or just defaulting to the suggested quantity/ time period. However, once the item is selected by the user populates the SAR, the corresponding Medi-Cal code and descriptor are displayed, rather than the specific CCS descriptor that was originally selected.</p> <p>Please display the CMS Description instead of the Service Description on the SAR and any other correspondences if applicable.</p>		Dev			OCT
IR 425 DR	10/3/05	<p>C200510-14986</p> <p>Unable to search by combination of Date of Birth, Gender and county. Or Date of birth or gender. Or gender and county.</p> <p>If you put in just the county, no records found. If you put in DOB and gender, it states invalid search criteria. If you put in DOB, Gender and County, it states invalid combination.</p>		CLOSED		10/4/05	Oct
IR 426	10/3/05	<p>C200509-14983</p> <p>CIN 92653201A 8</p> <p>Patient: Collins, Edward</p> <p>Attempted to mark case as bad record in system so she can link CIN; when client is selected in edit duplicate bad record screen, the system encounters an error and takes Brenda back to login screen.</p>					
IR 430 DR	10/5/05	<p>When retrieving managed care insurance data from the MEDS database the managed care is spelled incorrectly.</p> <p>Incorrect: 131 – Molinda Healthcare of CA</p> <p>Correct: 131 – Molina Healthcare of CA</p> <p>Include in Sept Invoice</p> <p>Corrected 10/05/05</p>		CLOSED	10/5/05		OCT

Weekly Status Report – M&O

IR #	Date Issued	Description	PrtY	Status	Date Closed	Developer	Build
IR 432 DR	10/5/05	<p>C200510-14988</p> <p>10/05/05 Cannot save historical MEDS Inquiry. Can only save current MEDS Inquiry to file.</p> <p>Ex. 3061091, Date of Service for MEDS Inquiry: 08/30/05. Search, go to Medi-Cal Coverage Results, then hit F2. Only options are Cancel and Exit.</p> <p>10-4-05: I remember talking to James about having Inquiry be only current, but can't remember if we actually changed it. I can't find any documentation to show what decision was made. Counties need the ability to save historical information.</p> <p>When retrieving managed care insurance data from the MEDS database the managed care is spelled incorrectly.</p> <p>10/06/05: This was determine not to be an issue. Jr</p>	1	CLOSED See IR 434	10/6/05		OCT
IR 434 DR	10/6/05	<p>C200510-14985</p> <p>When MEDS Recon populates MC number, it is using the last valid 14 digit number, whether or not it is terminated.</p> <p>>MC numbers messing up report counts and show up on SAR even though the client no longer has Medi-Cal coverage. (UAT SAR 97002472280)</p> <p>>Cannot save historical MEDS Inquiry. Can only save current MEDS Inquiry to file.</p> <p>>Quarterly Caseload Count Report not working. (The report is not available for this county for this date.)</p> <p>>POST 10/6/05 Recon- Medi-Cal number associated with eligibility with 999 status showing on MC Coverage screen.</p> <p>>POST 10/6/05 Recon- Narratives populating for cases with no changes. Tested in Dev and UAT before 10/1 change cycle and this was not occurring.</p> <p>SMCR 28 was included in the 22 release for the September change cycle. These are issues post release.</p> <p>10/6 BW- RE: Cannot save historical MEDS Inquiry- MEDS Inquiries for dates in the past were never saved to history. They were saved to the Medi-Cal coverage screen. Enabling save would allow users to overwrite the most up-to-date information (monthly MEDS Recon). Current functionality allows users to view, not save old MEDS Inquiry information. Keep current functionality as is.</p>	1	New			OCT

Weekly Status Report – M&O

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
		<p>10/12 BW- Recon ran again this morning. MC# business rules correct. Only issue is case 2526012; Narrative lists the following: "Special 1 Medi-Cal Aid Code: Special 1 Medi-Cal Eligibility Code: Special 2 Medi-Cal Aid Code: 9H Special 2 Medi-Cal Eligibility Code: 691"</p> <p>In the Medi-Cal Coverage screen, 9H and 691 appear on SP1, not SP2.</p>					
IR 435	10/6/05	<p>C200510-14994</p> <p>Please add reason "Death of Patient" to the drop-down" menu of the "Reason for Cancellation" field in the Cancel SAR. This reason is listed in CMS Net already but was not added to the CMS Net web drop down menu. This reason is already included in CMS Net NOA and letter cancellation selection but was not in CMS Net web. She added as a valid reason for cancellation. Alternative is to select "other" and then add cancellation letter text.</p>		New			
IR 436	10/6/05	<p>C200510-14995</p> <p>Received phone call from Candie Gomez, San bernardino County, regarding management report "Baseline Count" . The report is set to run monthly. The report did not run.</p>		New			

Weekly Status Report – M&O

IR #	Date Issued	Description	Prt	Status	Date Closed	Developer	Build
IR 437	10/7/05	C200510-14996 There are two issues associated with the Paneled Provider reports. One is the automated process is not working; the other is the last PaneledProvider_Name report that ran (9/20/05) did not list all the paneled providers (only 339 pages are in the file; by county and specialty have 1846 pages each). Non connected counties require this report for checking paneled status. PSU call load increasing because of this issue.		New			
IR 438	10/7/05	C200510-14997 Exclude aid codes 8Y; 9A; 9H; 9J; 9K; 9M; 9N; 9R; IE; RR; 0C; and 9U when determining a valid Medi-Cal Number on the MED-Cal Coverage Screen during the MEDS Reconciliation and MEDS Inquiry processes. If one of the above aid codes is the aid code that determines the Medi-Cal Number for the case, the Medi-Cal Number field should be blank/null.	1	New			
IR 439	10/7/05	C200510-14998 The Quarterly Case Count Report needs to be changed. The report currently uses Medi-Cal number for the counts. The MEDS Reconciliation does not store quarterly data, only monthly. Monthly data needs to be stored for this report so counts can be generated for the quarter. Some possible solutions: Run a monthly detail report with the business rules from the quarterly report and generate quarterly totals at the end of each quarter; or create a "Medi-Cal History" field that stores whether or not a case had Medi-Cal eligibility every month, then wipe the field clean after each quarterly report is run. *Ensure the Annual Caseload Count report works with the new quarterly report changes.	1	New			
IR 440	10/14/05	MEDS Recon management report will not spool to printer; prints to screen instead.	1	New			
IR 441	10/14/05	IR C200510-15002 When adding a provider in the Medical Home field, the zip code field 89451 - Incline Village. The following message displays: Invalid Format Press Enter. But if you enter that zip code on Patient Zip Code or Primary Addressee it accepts the code.	1	New			